



BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Certificate of Revival

(PURSUANT TO NRS CHAPTER 89)

Page 1

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Certificate of Revival for a Nevada Professional Association (Pursuant to NRS Chapter 89)

1. Name of the professional association:

2. Registered Agent for service of process: (check only one box)

☐ Commercial Registered Agent:
Name

☐ Noncommercial Registered Agent (name and address below) ☐ Office or Position with Entity (name and address below)

Name of Noncommercial Registered Agent **OR** Name of Title of Office or Other Position with Entity

NEVADA
Street Address City Zip Code

NEVADA
Mailing Address (if different from street address) City Zip Code

3. Date when revival of charter is to commence or be effective, which may be before the date of the certificate:

(month, day, year)

4. Indicate whether or not the revival is to be perpetual, and, if not perpetual, the time for which the revival is to continue. The articles of association's existence shall be:

PERPETUAL or
(Time for which the revival is to continue)



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5. Names and addresses of members and employees must be set forth: (additional pages may be attached as necessary)

<input type="text"/>	Member/Employee		
Name			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State	Zip Code

<input type="text"/>	Member/Employee		
Name			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State	Zip Code

<input type="text"/>	Member/Employee		
Name			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State	Zip Code

<input type="text"/>	Member/Employee		
Name			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State	Zip Code

<input type="text"/>	Member/Employee		
Name			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State	Zip Code



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6. The undersigned declare that the professional association desires to revive its articles of association and is, or has been, organized and carrying on the business authorized by its existing or original articles of association and amendments thereto, and desires to continue through revival its existence pursuant to and subject to the provisions of Chapter 89.

7. The undersigned declares that he/she has been designated or appointed by the members to sign this certificate. Furthermore, the execution and filing of this certificate has been approved and secured by the written consent of the holders of a membership interest in the professional association holding at least a majority of voting power.

I declare under the penalty of perjury that the revival has been authorized by a court of competent jurisdiction or by the owners of the membership interest in the professional association.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X

Signature

Date

A REGISTERED AGENT ACCEPTANCE *MUST* ACCOMPANY THIS CERTIFICATE

IMPORTANT: Failure to include any of the above information and submit with the proper fees may cause this filing to be rejected.